

State of California—Health and Welfare Agency
HAZARDOUS WASTE MANAGEMENT BRANCH
714-744 P Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST
May 4, 1984

Department of Health Services
Shipper 12605
P.O. # 1495

Please print or type with ELITE type (12 characters per inch).

STATE ID NUMBER 83494076

GENERATOR NAME AND MAILING ADDRESS LABEL HOUSE (Val) 9852 Dupree St. So. El Monte, CA 91733 AREA CODE/PHONE NUMBER 213/444-7755		MANIFEST DOCUMENT NUMBER EPA ID NUMBER CA X 0 0 0 0 3 4 3 4 8	
TRANSPORTER NO 1 OMEGA CHEMICAL CORP. 12504 E. Whittier Blvd. Whittier CA 90602		VEH/CONTAINER NO 42507	EPA ID NUMBER C A D 0 4 2 245 0 01
TRANSPORTER NO 2/ALTERNATE TSD FACILITY		VEH/CONTAINER NO	EPA ID NUMBER
TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY OMEGA CHEMICAL CORP. AREA CODE/PHONE NUMBER 213/698-0991		EPA ID NUMBER C A D 0 4 2 245 0 01	
PROPER U.S. DOT SHIPPING NAME AND HAZARD CLASS Hazardous Waste, Liquid N.O.S.-ORM-E (FLEXOSOLVENT)	UN/NA NUMBER N 1 1 9 1 8 9 0 0 0 6 0	TOTAL QUANTITY G 0 0 2	UNIT WT/VOL DM 2 1 1 0 1
COMPONENTS		CONC RANGE UPPER LOWER	UNITS % PPM
Perchloroethylene		70 60	
N-Butyl		15 11	
Photo Polymer Resin		25 15	
SPECIAL HANDLING INSTRUCTIONS yuld 50.0 gals. waste 7.8 gals.			
This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA			
Printed or typed full name and signature PAT CLOTON		MO 5	DAY 07 YR 84
<input type="checkbox"/> Check if continuation sheet is used Number of continuation sheets			
TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES		DATE REC'D & ACCEPTED	MO 05 DAY 17 YR 84
Printed or typed full name and signature Henry Schenck		DATE REC'D & ACCEPTED	MO DAY YR
TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES		DATE REC'D & ACCEPTED	MO DAY YR
Printed or typed full name and signature		DATE REC'D & ACCEPTED	MO DAY YR
DISCREPANCY INDICATION SPACE			
Facility owner or operator Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD Facility must complete waste number. See instructions			
STEVE SIMPSON		EPA ID NUMBER	DATE RECEIVED & ACCEPTED
Printed or typed full name and signature		C A D 0 4 2 245 0 01	MO 05 DAY 08 YR 84